

MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS			
SERVICE MEMBER NAME		GRADE / RATE	SSN
FAMILY MEMBER NAME		FAMILY MEMBER PREFIX	SSN
NEXT DUTY STATION:		NEXT UNIT IDENTIFICATION CODE (UIC):	
PART I			
Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty, or operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.			
Yes	No	N/A	ITEM
			1. All health records (military and civilian) reviewed?
			2. Physical examinations are current?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed or drawn?
			8. DNA testing completed and documented?
			9. Are there pending consults or tests that have a bearing on assignment suitability?
			10. Any past limited duty or medical board(s)? (document on SF 93)
			11. Pap smear and pelvic/breast examination within past year?
			12. Mammogram current (based on age)?
			13. Pregnancy screening (verbal inquiry)?
			14. If pregnant? (EDC:)
			15. If a Special Duty assignment, is there a condition, which by MANMED, chapter 15, section IV, is disqualifying?
			16. Are there any conditions requiring ongoing care in the following areas? (document on SF 93)
			a. Orthopedic conditions (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular conditions (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic conditions (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic conditions (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Respiratory conditions (e.g., asthma, RAD, chronic sinus, allergies)
			f. Mental health or behavioral conditions (e.g., depression, adjustment/personality disorder, ADD/ADHD)
			g. Recurrent or frequent medications (list on SF 93)
			h. Alcohol abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Other conditions or concerns? (explain):
			17. For service/family members requiring medication in excess of 90 days: (if not applicable, check block and skip to #18)
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform competent to manage the medication manipulation(s) if the underlying condition exacerbates?
			d. Can the pharmacy at the gaining MTF/operational platform obtain the medication for the duration of the assignment? Non-authorized medical allowance list (AMAL) medications may be provided by the supporting MTF for up to 180 days or obtained through the national mail order pharmacy program.

Yes	No	N/A	ITEM
			18. For service/family members with underlying medical conditions: (if not applicable, check block and skip to #19)
			a. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			b. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			c. Can the gaining MTF/operational platform provide the current required medical support?
			d. Can the gaining MTF/operational platform provide required medical support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			e. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			f. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			19. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			20. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by an Individualized Education Program (IEP) and Special Education Worksheet (NAVPERS 1754/4)?
			21. Other concerns? (specify)
IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING MILITARY TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)			
Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by a MTF designated military medical screener only)	
<div>Military Medical Screener (Signature) _____</div> <div>Date _____</div> <div>Printed Name, Rank or Grade _____</div> <div>MTF or Duty Station _____</div> <div>Telephone Number (include area/country code) _____</div> <div>DSN Number _____</div> <div>Telefax Number (include area/country code) _____</div> <div>E-mail Address _____</div>		<div>Civilian Medical Screener (Signature) _____</div> <div>Date _____</div> <div>Printed Name _____</div> <div>Address _____</div> <div>City, State, and Zip Code _____</div> <div>Telephone Number (include area/country code) _____</div> <div>Telefax Number (include area/country code) _____</div> <div>E-mail Address _____</div>	

PART II			
Dental Screening. Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty, or operational assignment.			
Yes	No	N/A	ITEM
			1. All dental records (military and civilian) reviewed?
			2. Dental examinations are current?
			3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?
			4. If service/family member is in Dental Class 3 or 4, can dental treatment or examination be completed before the transfer?
			5. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			6. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			7. Other concerns? (specify)
			Dental Classifications: Class 1 - Patients who do not require dental treatment. Class 2 - Patients who have dental conditions that are unlikely to result in a dental emergency within 12 months. Class 3 - Patients who have dental conditions that are likely to cause a dental emergency in the next 12 months. Class 4 - Patients who require a dental examination either because: (1) No type 1 (comprehensive) or type 2 (annual or periodic oral) examination by a dental officer within the past 12 months or, (2) A patient's dental record does not exist, or the dental record is not held by the responsible dental treatment facility or Medical Department activity.
IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, QUERY THE GAINING DENTAL TREATMENT FACILITY OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)			
Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by a DTF designated military dental screener only)	
<div>Military Dental Screener (Signature) _____ Date _____</div> <div>Printed Name, Rank or Grade _____</div> <div>DTF or Duty Station _____</div> <div>Telephone Number (include area/country code) _____</div> <div>DSN Number _____</div> <div>Telefax Number (include area/country code) _____</div> <div>E-mail Address _____</div>		<div>Civilian Dental Screener (Signature) _____ Date _____</div> <div>Printed Name _____</div> <div>Address _____</div> <div>City, State, and Zip Code _____</div> <div>Telephone Number (include area/country code) _____</div> <div>Telefax Number (include area/country code) _____</div> <div>E-mail Address _____</div>	

Naval Air Facility, Atsugi, Japan
Health and Environmental Fact Sheet

This fact sheet is the first in a series designed to inform residents and other interested parties about health risks and the Navy's efforts to reduce those risks resulting from exposure to air pollution at Naval Air Facility, Atsugi, Japan. Fact sheets will be produced periodically to keep individuals informed about ongoing health risk reduction efforts, health studies, and in response to other items of community interest. Distribution is coordinated through the Naval Air Facility, Atsugi Health Risk Communication officer, telephone: 011-81-311-764-4920/4921/4922/4923.

1. Introduction. The Navy is committed to protecting the health and well being of all our personnel and their families. In keeping this commitment, we have prepared this Health and Environmental Fact Sheet to inform you of the environmental conditions at NAF Atsugi and the Kanto Plain area of Japan where NAF Atsugi is located. This fact sheet also discusses the possible health effects of living in this area of Japan.

2. Background. In addition to a moderate climate, which can cause problems for asthma and allergy sufferers from pollen counts, the air quality on the Kanto Plain and at NAF Atsugi is generally poor. Overall, the air quality is worse than in most major cities in the United States (US). Several factors are involved:

a. The first is population. Japan has one half the population of the US in a land area the size of California. This means more vehicles in a smaller area and more pollution from vehicles. It also means there is little room for disposal of trash and garbage. As a result, the Japanese burn their refuse in incinerators, which adds to the pollution.

b. The second is that the Kanto Plain is one of the major industrial centers of Japan and there are many sources of air pollution. Environmental laws related to pollution are less strict in Japan than in the US, and Japanese environmental officials have less enforcement authority when violations are identified.

c. The third is the presence of a primary pollution source, the Jinkanpo Incinerator, next to NAF Atsugi. This incinerator, which is located very close to several Navy family housing units, the child care center, and the elementary school, burns both residential trash and hazardous waste. The prevailing winds blow

Enclosure (9)

air emissions from this incinerator across the base approximately 6 months out of each year. This occurs primarily during the months of April through October. Many NAF Atsugi residents believe the incinerator to be a major health and quality of life issue.

3. Air Quality and Health Effects. The Navy has conducted three air quality studies; 1991, 1994 and 1997. Two screening health risk assessments were done with data collected in 1994 and 1997 to study the possible health effects from exposure to air pollutants at NAF Atsugi. A full health risk assessment is now underway. While the air quality at NAF Atsugi meets Japanese air standards, it does not meet US Environmental Protection Agency Standards for breathable dusts and a number of chemicals, including benzene, dioxin, nitrogen dioxide, chromium, and several other metals. The results of the two screening health risk assessments indicate that there is a potential for increased risk for both cancer and non-cancer health effects. These possible health effects are greatest for children less than 6 years of age, and for individuals who suffer from respiratory diseases such as asthma.

4. Short Term Health Effects. The health effects of short-term exposure to air pollution depend on a variety of factors. These include the type and amount of pollutants present, weather conditions, duration of exposure, and the susceptibility of the exposed individual. In view of the wide variability of these parameters, the actual air quality and its effect on your health can vary considerably from day to day.

a. Many of the air pollutants present at NAF Atsugi are mucous membrane irritants. In high concentrations these can irritate your eyes, nose, and throat. This irritation can cause eye watering or redness, sneezing, and sore throat.

b. Many pollutants, including several of those present in the air at NAF Atsugi, are lung irritants. These pollutants can cause bronchitis, coughing, shortness of breath, and wheezing. They may also make you more open to diseases such as the common cold, influenza, and pneumonia. Exposure to these pollutants can also result in asthma even if you have no prior history of that disease. Children can be especially open to asthma-like conditions caused by air pollution.

c. Clearly related to the poor air quality in the Kanto Plain is a condition known as Tokyo-Yokohama asthma. Although not really definable as asthma, this condition was first seen in soldiers and sailors living in the heavy industrial areas of

Japan in the 1940s. The illness differs from true asthma in that most people affected have no history of allergy, and when they leave the polluted area their symptoms go away and don't return.

d. If you have a chronic respiratory disease, such as asthma or chronic obstructive lung disease, you may be more open to the affects of exposure to air pollutants. If you have asthma, you are likely to experience aggravation of your symptoms.

5. Long Term Health Effects. Based on two screening health risk assessments, the poor air quality at NAF Atsugi could result in as much as one additional cancer in a population of 10,000 adults after approximately 6 years of exposure. This represents an increase over and above the background incidence of cancer estimated by the American Cancer Society, which is 5,000 cases per 10,000 men and 3,333 cases per 10,000 women. For children under 6 years of age, this same level of risk (one additional cancer case per 10,000 population) is reached after an exposure period of approximately 3 years. Using the American Cancer Society background incidence, if 10,000 men and 10,000 women lived at NAF Atsugi for 6 years we would expect 5,001 men and 3,334 women to get cancer. The added cancer risk from exposure to the air at NAF Atsugi does not go away after exposure ends. It lasts the lifetime of those exposed.

To help individuals put the excess cancer risk at Atsugi into perspective, the increase in cancer risk from exposure to cosmic radiation by living in Denver, Colorado, a mile above sea level, as opposed to living at sea level is provided for comparison. For Denver residents, the excess cancer risk is one additional case of cancer in 10,000 individuals after 2 years of residence in Denver, when compared to a population living at sea level.

6. Things You Can Do to Protect Your Health

- Limit your exercise to indoor activities when air pollution levels are high.
- Keep your children indoors when air pollution levels are high.
- Wash your children's toys frequently.
- Keep surfaces in your home free of dust.
- Wash your hands frequently.
- Recognize that your children ingest more soil as a result of hand to mouth contact and take actions to lessen their exposure.

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7. Conclusion. We are concerned for the health and well being of all our personnel and their families living at NAF Atsugi. That is why we are working with the Government of Japan to reduce air emissions from the Jinkanpo incinerator. Specifically, we are pressing the Government of Japan to close the incinerator or cause the incinerator owner to significantly change his operations. We are also taking action to reduce your exposures by filtering indoor air and providing information about other protective measures. At the same time, we are conducting additional health and environmental studies to better understand the nature of the health risks to ensure protection of your health.

8. Additional Information. For additional health information about health and environmental issues at NAF Atsugi, contact the Health Risk Communication Officer at 011-81-311-764-4920/4921/4923/4924, or the Navy Environmental Health Center in Norfolk, VA at (757) 462-5548 or DSN 253-5548.

17 Feb 2000

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)
	To Be Retained in the Permanent Health Record (page 1/2)
	This SF 600 is to document full disclosure of potential environmental exposures and possible health effects for all personnel and their families who are assigned to Naval Air Facility (NAF) Atsugi, Japan.
	Before you execute a Permanent Change of Station (PCS) transfer to NAF Atsugi your health care provider will review the current and past medical history of yourself and all your family members. Your health care provider will discuss the current environmental conditions at NAF Atsugi and possible related health effects. You will receive a Health and Environmental Fact Sheet with additional detailed information, including personal precautions that you may take to minimize exposure to air pollution. Your health care provider will discuss with you any medical conditions, current or past, that might worsen with exposure to environmental conditions at NAF Atsugi.
	A full Health Risk Assessment (HRA) is ongoing at NAF Atsugi. This study will evaluate the environmental conditions at NAF Atsugi and the pollutants discharged by a nearby incinerator to more fully define the health risk posed by the environmental conditions. The most current information about the status of the full HRA is available from the NAVENVIRHLTHCEN Environmental Programs Directorate via phone ((757) 462-5548 or DSN 253-5548) or the Environmental Programs Page of the NAVENVIRHLTHCEN Website at http://www-nehc.med.navy.mil .
	Your signature on this document indicates that you have been informed of the environmental conditions and possible health effects of living at NAF Atsugi. You have received the Health and Environmental Fact Sheet and have been advised of the medical findings from today's health consultation. Before you sign this document, ask any questions you may have.
	Acknowledgment of Environmental Counseling and Health Consultation
	<u>Patient Statement:</u>
	Patient Statement must be completed by all individuals who are 18 years of age and older.
	I have received information regarding the environmental conditions at NAF Atsugi and possible effects of living at NAF Atsugi. I have read and understand the Health and Environmental Fact Sheet which recommends personal precautions that individuals may take to minimize exposure to air pollution. I understand the medical findings and recommendations of today's health consultation. I have had an opportunity to ask questions and know where to obtain additional information.
	Patient signature _____ Date _____

(over)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entities, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (Rev. 06-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202.1

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE								
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>								
	To Be Retained in the Permanent Health Record (page 2/2)								
	<u>Health Care Provider Acknowledgment of Completion of Environmental Counseling and Health Consultation for Individuals Executing a Permanent Change of Station Transfer to NAF Atsugi</u>								
	<u>Health care providers must complete the following:</u>								
	1. This SF 600 was completed before PCS transfer to NAF Atsugi as a component of the medical overseas screening. <input type="checkbox"/> Yes <input type="checkbox"/> No								
	2. I have provided and reviewed with the individual the Health and Environmental Fact Sheet # _____ dated _____.								
	<u>Health Care Provider Statement</u>								
	Following the requirements for individuals undergoing Permanent Change of Station (PCS) transfer to Naval Air Facility Atsugi, Japan, I have discussed with the individual the current environmental conditions at NAF Atsugi and possible health effects of living in that area of Japan. I have completed a health consultation including a medical record review, completion or review of a current SF 93 (SF 93 must have been completed within 12 months of PCS transfer to NAF Atsugi), and identification of existing medical conditions that may be worsened by the current environmental conditions at NAF Atsugi. I have discussed these findings with my patient and make the following notation: (Circle appropriate response.)								
	1. The patient has no current medical condition potentially exacerbated by the environmental conditions at NAF Atsugi.								
	OR								
	2. The patient has the following medical conditions potentially exacerbated by the environmental conditions at NAF Atsugi: (List medical conditions)								
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><u>Potentially Exacerbate</u></td> <td style="width: 50%; text-align: center;"><u>Potentially Disqualify</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Potentially Exacerbate</u>	<u>Potentially Disqualify</u>	_____	_____	_____	_____	_____	_____
<u>Potentially Exacerbate</u>	<u>Potentially Disqualify</u>								
_____	_____								
_____	_____								
_____	_____								
	3. Based upon these findings, I have determined that this individual (is / is not) suitable for overseas assignment to NAF Atsugi and have completed any necessary administrative paperwork. <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Health care provider signature _____ Date _____								

GUIDELINES, PROCEDURES, AND RESPONSIBILITIES FOR
EXCEPTIONAL FAMILY MEMBER PROGRAM ENROLLMENT

1. The objectives of the EFMP are:

a. Identify, document, and code special need requirements of family members for consideration by military personnel activities during the assignment process.

b. Provide a comprehensive and coordinated approach for medical, educational, community, housing, and personnel support for families with special needs.

2. Family members who are enrolled in DEERS and normally reside with the sponsor qualify for enrollment.

3. Family members qualify for enrollment if one or more of the following conditions are met:

a. Chronic medical condition and physical problems or a requirement for ongoing health care or specialty services.

b. Received inpatient mental health services within the last 5 years or require any mental health services at the present time or projected for the future.

c. A diagnosis of asthma or other respiratory related diagnosis with wheezing that meets one of the following criteria:

(1) Routine (greater than 10 days per month or 4 months per year) use of anti-inflammatory agents or bronchodilators.

(2) History of one or more hospitalizations in the past 5 years.

(3) History of intensive care unit admissions.

(4) History of emergency room use.

d. A diagnosis of attention deficit disorder (ADD) or ADHD that meets one of the following criteria:

(1) 1 mg per kilo per day of Ritalin or equivalent.

(2) Co-morbid diagnosis.

(3) Multiple medications.

(4) Psycho stimulants.

(5) For family members 5 years of age or younger, require management and treatment by a mental health provider.

(6) Require subspecialty consultants, other than a family practice physician, more than twice a year on a chronic basis.

(7) Require modifications of the educational curriculum or the use of behavioral management specialists.

e. A diagnosis of deafness, blindness, serious emotional impairment, pervasive developmental disorder (including autism), or severe to profound mental retardation.

f. An infant or toddler with a developmental disability or potential disability, birth through age 2, who requires EIS as specified in an IFSP.

g. A preschool or school-age child with an educational disability, age 3 to 21 inclusive, who requires special education or MRS as specified in an IEP.

h. A family member of any age with a temporary condition requiring specialized care expected to last more than 6 months, but less than a year.

3. Per reference (b), enrollment is mandatory. Identification and enrollment may occur during suitability screening or at any time during routine health care.

4. The EFMP Coordinator shall:

a. Oversee the identification and enrollment of eligible service and family members. EFMP guidelines are contained in references (b) and (c) and subsequent NAVPERSCOM guidance.

b. Provide EFMP information to service and family members, installation commands and activities, and MTF/DTF personnel.

c. Provide EFMP training to MTF personnel and all area commands.

d. At an overseas MTF, coordinate with the DoDDS and the cognizant EDIS program.

e. Develop and maintain the portion of the EFMP database that reflects local special needs resources.

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f. Determine if the family member resides with the service member and perform a DEERS check for all potential EFM.

g. For each family member, provide one set of EFMP enrollment forms (NAVPERS 1754/1 series) to the service member and a copy of the EFMP Guide (NAVPERS 15614C).

h. Assist the service member in completing NAVPERS 1754/1, EFMP Application. The service member's signature on the first page certifies he or she has read the Privacy Act Statement and the signature on the second page authorizes the release of information. A separate form is completed for each family member enrolled.

i. Ensure a MTF/DTF provider completes NAVPERS 1754/3, Functional Medical Summary, parts I through VII. The service member's signature on the last page certifies he or she has reviewed the medical and dental information and it is complete and correct to the best of their knowledge.

j. Attach a copy of the current IFSP to NAVPERS 1754/3 for infants or toddlers receiving EIS.

k. Ensure the school completes NAVPERS 1754/4, Special Education Worksheet, for preschool or school age family members receiving special education and related services. Attach a copy of the current IEP to NAVPERS 1754/4. The service member's signature on the first page authorizes the release of information by the school.

l. Review the enrollment forms and ensure they are complete and contain the required signatures and attachments.

m. Coordinate enrollment with the SSC when a family member is on orders for any overseas or remote duty assignment.

n. Retain a file copy of enrollment forms and attachments for 24 months.

o. Forward original enrollment forms and attachments to the Central Screening Committee (CSC) supporting the geographic area as indicated in enclosure (11).

p. Update EFMP enrollment following the same procedures as an initial enrollment. Navy requires service members to update enrollment every 3 years and Marine Corps every 2 years. Service members are also required to update enrollment whenever a change in special needs occurs.

q. Disenroll when:

(1) An EFM no longer requires ongoing health care, specialty services, early intervention, or special education. The service member provides necessary forms and documentation to the EFMP coordinator which are forwarded to the CSC for processing.

(2) An EFM is no longer a service member's dependent. A change in status may result from divorce, child custody arrangements, marriage, death, etc. The service member provides appropriate verification; such as a letter from his or her commanding officer or officer in charge, a copy of a court decree or death certificate; directly to the EFMP manager indicated in enclosure (11).

r. The Marine Corps EFMP is a separate program. Coordinate enrollment with the EFMP coordinator at the family service center on the Marine Corps base. Reference (r) provides specific guidance.

5. The regional CSC shall:

- a. Review (or update) the enrollment package.
- b. Contact the EFMP coordinator or service member to obtain or clarify information.
- c. Recommend or non-concur with enrollment.
- d. Assign a category code based on the severity of the condition and medical, dental, or educational requirements.
- e. Forward the enrollment package to the appropriate EFMP enrollment manager indicated in enclosure (11). The EFMP enrollment manager reviews the recommendation and category code and enters the information into a database. The information is used to coordinate assignments to locations where the special needs of the EFM can be met.

EXCEPTIONAL FAMILY MEMBER PROGRAM

CENTRAL SCREENING COMMITTEES

EFMP enrollment applications are forwarded to the CSC within the region of the service member's command. The CSC reviews the information, assigns an enrollment category, and forwards the application to the Navy EFMP enrollment manager.

Locations in the United States east of the Mississippi River and in Africa, Europe, the Caribbean, Middle East, and South America:

Naval Medical Center (Code 505A)
EFMP Central Screening Committee
Building 1
620 John Paul Jones Circle
Portsmouth, VA 23708-2197
Commercial: (757) 953-5900/5833
Telefax: (757) 953-7702

Locations in the United States west of the Mississippi River, including Alaska and Hawaii

Naval Medical Center (Code CGH)
EFMP Central Screening Committee
34800 Bob Wilson Drive
San Diego, CA 92134-5000
Commercial: (619) 532-7291
Telefax: (619) 532-6333
DSN prefix: 522-

Locations in the west Pacific and Asia

U.S. Naval Hospital Yokosuka
EFMP Central Screening Committee
PSC 475, Box 1
FPO AP 96350-1600
Commercial: 011-81-311-743-7260
Telefax: 011-81-311-743-5891
DSN prefix: 243-

EFMP ENROLLMENT MANAGERS

Navy EFMP Manager

Navy Personnel Command (PERS-662F)
Millington, TN
Commercial: (901) 874-4391
Toll-free: (800) 527-8830
Telefax: (901) 874-2689
DSN prefix: 882-

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EFMP ENROLLMENT MANAGERS (continued)	
Marine Corps EFMP Manager	HQ, U.S. Marine Corps (MMIA) Quantico, VA Commercial: (703) 784-9211/9212 Telefax: (703) 784-9838 DSN prefix: 278-
Army EFMP Manager	HQ, Army Medical Command San Antonio, TX Commercial: (210) 221-7217
Air Force EFMP Manager	Brooks Air Force Base San Antonio, TX Commercial: (210) 221-7977